INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 19 2014

SILICON VALLEY ARBITRATION
MEDIATION CENTER INC
228 HAMILTON AVE 3RD FL
PALO ALTO, CA 94301-0000

Employer Identification Number: 47-1671790

DLN:

26053645001094 Contact Person: CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990-PF Required:

Yes

Effective Date of Exemption:

August 18, 2014 Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Form 1023-EZ

(Rev. June 2014)

Department of the Treasury Internal Revenue Service

Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Part I	Identification of Applica	nτ							
1a	Full Name of Organization								
	SILICON VALLEY ARBITRATION ME	DIATION	CENTER INC						
b	Address (number, street, and room/sui	te). If a P.O	. box, see inst	ructions.	c City			d State	e Zip code +4
	228 HAMILTON AVE 3RD FL				PALO ALTO			CA	94301-0000
2	Employer Identification Number	3 Mont	h Tax Year En	ds (MM)	4 Person to Contact if	f Mor	e Information	is Needed	Secure and American Section and Control of C
	47-1671790	12		530 12	GARY L BENTON				
5	Contact Telephone Number	30.000.000			6 Fax Number (option	nal)		7 Use	r Fee Submitted
	650-798-5100				0.007	650		Sur	ndefined
8	List the names, titles, and mailing addr	esses of vo	ur officers, di	rectors, and/	or trustees. (If you have n	nore 1	than five, see i	7.40.000	
First Na			Last Name:	BENTON			Title: CHA	IRMAN PF	
Street A	Address: 2315 EMERSON ST			City: PAL	O ALTO	Stat	e: CA	Zip c	ode + 4: 94301-0000
First Na	ame: JAMES		Last Name:	GROSSM	IAN			PRESIDEN	IT TREASURER
Street A	Address: 2460 BROADWAY		2	City: SAN	FRANCISCO	Stat	e: CA	Zip c	ode + 4: 94115-0000
First Na	ame: ROBERT		Last Name:	MORRILI	1		Title: VICE	PRESIDEN	NT SECRETARY
Street A	Address: 576 GREENWICH ST			City: SAN	FRANCISCO	Stat	e: CA	Zip c	ode + 4: 94133-0000
First Na	ame: CHARLES		Last Name:	COMPTO	N		Title: VICE	PRESIDEN	I T
Street A	Address: 3 FRANCISCAN RIDGE			City: POF	RTOLA VALLEY	Stat	e: CA	Zip c	ode + 4: 94028-0000
First Na	ame: SCOTT		Last Name:	DONAHI	ΞΥ		Title: VICE	PRESIDEN	I T
Street A	Address: 290 LIVE OAK LANE	Tex	rt	City: LOS	ALTOS	Stat	e: CA	Zip c	ode + 4: 94022-0000
9a	Organization's Website (if available):	WW	W.SILICONV	ALLEYARBIT	RATION.ORG				
b	Organization's Email (optional):	INFO	@SILICONV	ALLEYARBIT	RATION.ORG				
Part II	Organizational Structure	9							
1	To file this form, you must be a corpora	ation, an ur	nincorporated	association,	or a trust. Check the bo	x for	the type of or	ganization	
	Corporation Uninc	corporated	association	ПТ	rust				
2	Check this box to attest that you	have the o	organizing do	cument nece	ssary for the organizatio	nal st	ructure indica	ted above	
87	(See the instructions for an explain				20 - 1980년 전 1일				
3	Date incorporated if a corporation, or f	ormed if o	ther than a co	rporation (M	MDDYYYY):	0	8182014		
4	State of Incorporation or other formati	on: C	alifornia		ca a				
5	Section 501(c)(3) requires that your org	ganizing do	cument mus	t limit your p	urposes to one or more e	exem	pt purposes w	ithin sectio	n 501(c)(3).
	Check this box to attest that you	ır organizir	g document	contains this	limitation.				
6	Section 501 (c)(3) requires that your orgin activities that in themselves are not					ge, of	therwise than	as an insub	estantial part of your activities,
	Check this box to attest that you activities, in activities that in them						e, otherwise t	han as an ir	nsubstantial part of your
7	Section 501(c)(3) requires that your orgexempt purposes. Depending on your								
	Check this box to attest that you express dissolution provision in y dissolution provision.								

orm 10			: 6-2014) ur Specific Activities				Page 2	
1		Enter the	appropriate 3-character NTEE Code that	best describes your activities (See the instructions)	i: I51			
2		To qualif checking	y for exemption as a section 501(c)(3) org the box or boxes below, you attest that y	panization, you must be organized and operated ex you are organized and operated exclusively to furtl	clusively to further one or mo her the purposes indicated. C	ore of the foll heck all that	owing purposes. By apply.	
		Cha	ritable	Religious	Educational			
		Scie	ntific	Literary	Testing for public safety	,		
		☐ Tof	oster national or international amateur sp	ports competition	Prevention of cruelty to	children or animals		
3	3	To qualif	y for exemption as a section 501(c)(3) org	anization, you must:				
		■ Refr	ain from supporting or opposing candida	ates in political campaigns in any way.				
			re that your net earnings do not inure in agement employees, or other insiders).	whole or in part to the benefit of private sharehold	ders or individuals (that is, bo	ard member	s, officers, key	
		■ Not	further non-exempt purposes (such as pu	urposes that benefit private interests) more than in	substantially.			
		■ Not	be organized or operated for the primary	purpose of conducting a trade or business that is	not related to your exempt p	urpose(s).		
			devote more than an insubstantial part o enditures in excess of expenditure limitat	of your activities attempting to influence legislation ions outlined in section 501(h).	or, if you made a section 50°	1(h) election,	not normally make	
		■ Not	provide commercial-type insurance as a	substantial part of your activities.				
		Che	ck this box to attest that you have not co	onducted and will not conduct activities that violat	e these prohibitions and rest	rictions.		
4			r will you attempt to influence legislation nsider filing Form 5768. See the instruction	·		Yes	No	
5	Do you or will you pay compensation to any of your officers, directors, or trustees? (Refer to the instructions for a definition of compensation.)					Yes	No	
6	Do you or will you donate funds to or pay expenses for individual(s)?				Yes	No		
7		Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States?				Yes	No	
8			r will you engage in financial transactions es, or any entities they own or control?	s (for example, loans, payments, rents, etc.) with an	y of your officers, directors,	Yes	⊠No	
9)	Do you o	r will you have unrelated business gross i	income of \$1,000 or more during a tax year?		Yes	No	
10)	Do you o	r will you operate bingo or other gaming	activities?		Yes	No	
11		Do you o	r will you provide disaster relief?	25/	•	Yes	 No	
Part I		27700	undation Classification	Al Al : :Al	and the shoulder Dublicate	:		
			ied to classify you as an organizati atus than private foundation statu	on that is either a private foundation or a is.	public charity. Public ch	arity statu:	s is a more	
1		lf you qu	alify for public charity status, check the ap	ppropriate box (1a - 1c below) and skip to Part V b	elow.			
	,			lly receive at least one-third of your support from p u have other characteristics of a publicly supported				
	l		fees, and gross receipts (from permitted s	lly receive more than one-third of your support from sources) from activities related to your exempt fun- related business taxable income. Section 509(a)(2	ctions and normally receive r			
	,	с 🔲	Check this box to attest that you are ope 509(a)(1) and 170(b)(1)(A)(iv).	erated for the benefit of a college or university that	is owned or operated by a g	overnmental	unit. Sections	
2		provision	s in your organizing document, unless yo	u are a private foundation. As a private foundation ou rely on the operation of state law in the state in oid liability for private foundation excise taxes unde	which you were formed to m			
			need to include the provisions required b	izing document contains the provisions required b by section 508(e) because you rely on the operation instructions for explanation of the section 508(e) re	of state law in your particula	•		

Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

For calendar year 2024 or tax year beginning 2024, and ending 20 Name of foundation A Employer identification number SILICON VALLEY ARBITRATION AND MEDIATION CENTER. Il47-1671790 Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 555 BRYANT ST 524 (650) 308-9860 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, PALO ALTO CA 94301 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation . . H Check type of organization: If private foundation status was Section 501(c)(3) exempt private foundation terminated under section Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation 507(b)(1)(A), check here... I Fair market value of all assets at end of Accounting method: X Cash Accrual F If the foundation is in a 60-month year (from Part II, col. (c), line 16) Other (specify) termination under section 507(b)(1)(B), check here. 28, 610 (Part I, column (d), must be on cash basis.) \$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), for charitable expenses per (c), and (d) may not necessarily equal the purposes (cash basis only) income income amounts in column (a) (see instructions).) books 3 Interest on savings and temp. cash investments 4 Dividends and interest from securities b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . Net short-term capital gain Ω Income modifications . . . 10a Gross sales less returns & allowances
b Less: Cost of
goods sold · · · · · · c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11...... 51,717 12 Compensation of officers, directors, trustees, etc... 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule)...... **b** Accounting fees (attach schedule) 68,287 c Other professional fees (attach sche #14) 17 Interest Taxes (attach schedule) (see instructions 2 631 18 19 Depreciation (attach sch.) and depletion 20 Occupancy 1,544 4,021 21 Travel, conferences, and meetings 2,980 Printing and publications 1,748 23 Other expenses (attach schedule) #3. Total operating and administrative 79,211 expenses. Add lines 13 through 23 ... Contributions, gifts, grants paid Total exp. & disbursements. 79,211 Add lines 24 and 25 · · · · · · · Subtract line 26 from line 12: Excess of revenue over expenses -27,494 b Net investment income (if neg., enter -0-) c Adjusted net income (if neg., enter -0-).

Pá	art II	Balance Sheets Attached schedules and amounts in the description column should be for	Beginning of year	End o	f year
		end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cashnon-interest-bearing	56,106	28,610	28,610
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			A CONTRACTOR OF THE PROPERTY O
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			1-11111-1
⋖	10a	InvestmentsU.S. and state govt. obligations (attach schedule)			141
	b	Investmentscorporate stock (attach schedule)			
		Investmentscorporate bonds (attach schedule)			723.
	11	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			A Mary C. London of the Committee of the
	12	Investmentsmortgage loans	·		
	13	Investmentsother (attach schedule)	15		**************************************
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)		And a series of the series of	Bay unit an expensive to dealer the security of the Water Section (
	15	Other assets (describe)	4 1 1 1		
	16	Total assets (to be completed by all filerssee the	T. F. 20		
		instructions. Also, see page 1, item I)	56,106	28,610	28,610
	17	Accounts payable and accrued expenses	AND THE STREET		
S	18	Grants payable			The second of th
ŧë	19	Deferred revenue		77.77.72	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons \mathcal{L}_{λ}			
<u>_</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Se		Foundations that follow FASB ASC 958, check here			
alances		and complete lines 24, 25, 29, and 30			
ä	24	Net assets without donor restrictions			
ď	25	Net assets with donor restrictions			
힏		Foundations that do not follow FASB ASC 958,			
Fund		check here and complete lines 26 through 30			
ō	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
set	28	Retained earnings, accumulated income, endowment, or other funds	56,106	28,610	
Assets	29	Total net assets or fund balances (see instructions)	0	0	
Net	30	Total liabilities and net assets/fund balances			Fill the Country of t
		(see instructions)	0	0	
Pa	rt II				
1	Tota	I net assets or fund balances at beginning of yearPart II, column	(a), line 29 (must agree	with	
		-of-year figure reported on prior year's return)			
2		r amount from Part I, line 27a		2	-27,494
3					
4		lines 1, 2, and 3			-27,494
5		reases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	Part II, column (b), line 2	9 6	-27,494

Part IV Capital Gair	ns and Losses for Tax on Inv	estment Income	е		
(a) List and describ	e the kind(s) of property sold (for exam	nple, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story brick	warehouse; or common stock, 200 shs.	. MLC Co.)	PPurchase DDonation	(mo., day, yr.)	(mo., day, yr.)
1a					
b					
С					
d				,	
_е					
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale (n or (loss) (f) minus (g))
a			- M.		
b					
С					<u> </u>
d				<u></u>	
е					
Complete only for assets s	showing gain in column (h) and owned	by the foundation on	12/31/69.	(I) Gains (Col	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o	of col. (i)	col. (k), but not	less than -0-) or rom col. (h))
а					· · · · · · · · · · · · · · · · · · ·
b					
C			A		
d					,
е		Alle			· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or	(net capital loss)	dso enter in Part I, lin enter -0- in Part I, lir	e 7	2	
3 Net short-term capital gair	ا النامة), a or (loss) as defined in sections 1222(5	VARIATION PERSONAL	ie / <u>™</u>]	2	
	line 8, column (c). See instructions. If (**************************************	\neg		
		· ASSESSMENT OF THE PROPERTY O	•	3	(
	Based on Investment Income	TRANS 2 - YESSIME			-
	lations described in section 4940(d)(2),				
Date of ruling or determi	and the second s	ach copy of letter if			
-	lations enter 1.39% (0.0139) of line 27b	723-942	•		
	line 12, col. (b)				
	domestic section 4947(a)(1) trusts and t				
			• •	,	
	domestic section 4947(a)(1) trusts and				.(
	ent income. Subtract line 4 from line 3.				
6 Credits/Payments:			•	17 Let 7 1 Let 7 Let	
a 2024 estimated tax payr	nents and 2023 overpayment credited t	to 2024	6a		
· - 4	tionstax withheld at source	<u> </u>	6b		
1	n for extension of time to file (Form 886	<u>-</u>	6c		
	oneously withheld	<u> </u>	6d		
92660	nts. Add lines 6a through 6d				
	nderpayment of estimated tax. Check h	_			
\$80,000	nes 5 and 8 is more than line 7, enter a				
A STATE OF THE PARTY OF THE PAR	s more than the total of lines 5 and 8, e				
	10 to be: Credited to 2025 estimated			funded . 11	

FDA

Par	t VI–A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or		Yes	No
	intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published		\$8.1.5E	
	or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		52/37	A QUE
	(1) On the foundation. \$ 0 (2) On foundation managers. \$ 0	25 424 435 424		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$ 0		13	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.		Sat o	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a		4a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		 -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x
	If "Yes," attach the statement required by General Instruction T.			E St.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	E		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	MPSYLTEN FISH	X
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), and Part XIV	7		х
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	Service Service		
	CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or			
	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	\$20.000.00000	Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses · · · · · · · · · · · · · · · · ·	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person			
	had advisory privileges? If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . N/.	13		Х
	Website address WWW.SVAMC.ORG			
14	The books are in care of Telephone no.			-
	Located at ZIP+4			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			[
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	27		
	the foreign country	100.500	NE SIE	

Form 990-PF (2024) Page 5 Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year, did the foundation (either directly or indirectly): 1a(1) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?.... 1a(2) 1a(3) 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?..... 1a(5) Χ (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if 1a(6) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in 1b Organizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024? 1d Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for 2a 20_____, 20____, 20____, 20 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement -- see instructions.). 2b If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 ___ , 20 ___ , 20 ___ , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?..... За

FDA 24 990PF5 BWF 990 Form Software Copyright 1996 – 2025 HRB Tax Group, Inc.

b If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable

purposes?....

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

foundation had excess business holdings in 2024.)......

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?

Form **990-PF** (2024)

3b

4a

Par	t VI-	-B Statements Regarding Ac	tivities for Which	Form 4720 May B	e Required (continue	ed)		3
5a	Duri	ng the year, did the foundation pay or incu					Yes	No
	(1)	Carry on propaganda, or otherwise attempt	ot to influence legislatio	on (section 4945(e))?		5a(1)	***	X
	(2)	Influence the outcome of any specific pub	lic election (see section	n 4955); or to carry on,				
		directly or indirectly, any voter registration	drive?			5a(2)	M 1 4200	Χ
	(3)	Provide a grant to an individual for travel,	study, or other similar	purposes?		5a(3)		X
	(4)	Provide a grant to an organization other th	nan a charitable, etc., o	rganization described in				
		section 4945(d)(4)(A)? See instructions				5a(4)		X
	(5)	Provide for any purpose other than religion	us, charitable, scientific	c, literary, or educational		17.5		
		purposes, or for the prevention of cruelty t				5a(5)		X
þ	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in							
	Reg	ulations section 53.4945 or in a current noti	ce regarding disaster a	assistance? See instructio	ns	A 5b		
C	Orga	anizations relying on a current notice regard	ding disaster assistance	e, check here	· · · · · · · · · · · · · · · · · · ·	·U [::		
d		e answer is "Yes" to question 5a(4), does the		•				
		ause it maintained expenditure responsibilit			N./.A	5d		
		es," attach the statement required by Regu						
6a		the foundation, during the year, receive any		= ' ' ' ' '				
		personal benefit contract?						X
b		the foundation, during the year, pay premiu	ıms, directly or indirect	ly, on a personal benefit o	contract?	6b		_X_
		es" to 6b, file Form 8870.				AND A		
_		ny time during the tax year, was the founda						_X_
b		es," did the foundation receive any proceed			nsaction?	∄ 7b		· SET MANAGEMENT
8		e foundation subject to the section 4960 ta						
D.		uneration or excess parachute payment(s)						X
Fal	t VI		s, Directors, Trus	stees, Foundation	Managers, Highly	Paid Emp	loye	es,
1	l iet	and Contractors all officers, directors, trustees, and four	edation managara di	it that year managerian C		.		
		an omicers, anectors, irustees, and rour	(b) Title, and average	Transport of the second of the	(d) Contributions to	(a) Evpopo		
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans	(e) Expense other allo		
SEE	: A	TTACHMENT #5	A Projection		and deferred compensation			
		"		200 m				

			N. di					
2		pensation of five highest-paid employe	es (other than those	included on line 1 se	ee instructions). If none	e, enter		
	"NO	NE."		T				
(a) Nar	ne and address of each employee paid	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	accol	ınt
•	,	more than \$50,000	hours per week	(c) Compensation	plans and deferred	other allo		
TO 1			devoted to position		compensation			
101	1E							
	····							
	num	ber of other employees paid over \$50,000						0
otai								

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. Se	e instructions. If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		-
	-	
Total number of others receiving over \$50,000 for professional services		U.S.
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s		······································
of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1		
	.65	
2		
3		
4		
Part VIII-B Summary of Program-Related Investments (see in		
Describe the two largest program-related investments made by the foundation duri		Amount
1	ing the tax year on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		

FDA **24 990PF7**

BWF 990

Form Software Copyright 1996 – 2025 HRB Tax Group, Inc.

Form **990-PF** (2024)

Pa	rt IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dation	S,
	see instructions.)	L	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	j - 1	
	purposes:		
_	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	
6	Minimum investment return. Enter 5% (0.05) of line 5	6	
Pa	rt X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ons	
	and certain foreign organizations, check here and do not complete this part.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2024 from Part V, line 5		
b	Income tax for 2024. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	0
Pai	t XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
þ	Program-related investments total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	5 %	
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	
DA	24 990PF8 BWF 990 Form Software Copyright 1996 – 2025 HRB Tax Group, Inc.		Form 990-PF (2024)

Form 990-PF (2024)

Pa	rt XII Undistributed Income (se	ee instructions)		,	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2024 from Part X,	Corpus	Years prior to 2023	2023	2024
	line 7				0
2	Undistributed income, if any, as of the end of 2024:				
а	Enter amount for 2023 only			and the control of th	
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2024:				
a	From 2019				
b	From 2020				
C	From 2021				
d	From 2022				
e	From 2023	0			
f 4	Total of lines 3a through e Qualifying distributions for 2024 from Part XI,				
4	line 4: \$				
а	Applied to 2023, but not more than line 2a.				
b	Applied to undistributed income of prior years				
-	(Election required—see instructions)				
С	Treated as distributions out of corpus	8: x .502/2 .53// (BSZ)			
Ŭ	(Election required—see instructions)				
d	Applied to 2024 distributable amount				
е	Remaining amount distributed out of corpus	CONTRACTOR			
5	Excess distributions carryover applied to 2024	THE REAL PROPERTY OF THE PERSON OF THE PERSO		4888	
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as		8 1 1		
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amountsee instructions				
е	Undistributed income for 2023. Subtract		1 A		
	line 4a from line 2a. Taxable amount—				
	see instructions				
f	Undistributed income for 2024. Subtract				
	lines 4d and 5 from line 1. This amount must be distributed in 2025				
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (Elec-				
	tion may be required—see instructions)		The second secon		
8	Excess distributions carryover from 2019				
-	not applied on line 5 or line 7 (see				
	instructions)				
9	Excess distributions carryover to 2025.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2020				
b	Excess from 2021				
C	Excess from 2022				
d	Excess from 2023				
е	Excess from 2024				

Pai	TEXIII Private Operating Fou	ndations (see in	nstructions and Part \	/I-A, question 9)		
1a	If the foundation has received a ruling of	r determination lett	ter that it is a private o	perating		U 71 1012
	foundation, and the ruling is effective for	2024, enter the da	ate of the ruling			
b	Check box to indicate whether the found	dation is a private o	operating foundation	described in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2024	(b) 2023	(c) 2022	(d) 2021	(e) Total
	investment return from Part IX for each year listed					0
b	85% (0.85) of line 2a					0
С	Qualifying distributions from Part XI,					
	line 4, for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities	n de en				0
ę	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative testenter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					<u> </u>
h	section 4942(j)(3)(B)(i)			A		0
	2/3 of min. investment return shown in Part IX, line 6, for each year listed					0
С	"Support" alternative testenter:		, s/E			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)					
	(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations	A				
	as provided in section 4942(j)(3) (B)(iii)					0
		44				
	an exempt organization		- 997 785			0
		-2- (0)		26.11 - 6 - 1 11	1 105.000	
1	Supplementary Inform at any time during the	yearsee in		y if the foundation	on nad \$5,000	or more in assets
-	Information Regarding Foundation M			And a section of a section	and an all her other deaths.	
	List any managers of the foundation who close of any tax year (but only if they have				ceived by the founda	ation before the
<u> 10</u> 1	Walter William	<u> </u>				94-
b	List any managers of the foundation who				ly large portion of th	e ownership
	of a partnership or other entity) of which	the foundation ha	s a 10% or greater in	terest.		
NOI	And the second s					
2	Information Regarding Contribution, of Check here if the foundation only ma requests for funds. If the foundation make complete items 2a, b, c, and d. See institutions.	kes contributions t ces gifts, grants, et	to preselected charita	ble organizations and		solicited
а	The name, address, and telephone num	ber or email addre	ess of the person to w	hom applications sho	uld be addressed:	
b	The form in which applications should b	e submitted and ir	nformation and materi	als they should includ	e:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awards,	such as by geogr	aphical areas, charita	ble fields, kinds of ins	titutions, or other fac	ctors:

Part XIV Supplementary Information (continued)

3	Grants and Contributions Paid During the Year or Approved for Future Payment								
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount				
	Name and address (home or business)	or substantial contributor	recipient						
A	Paid during the year								
	Total · · · · · · · · · · · · · · · · · · ·			3а					
b	Approved for future payment	·							

BWF 990

				47-167				ge 1
Part X	Information Exempt Org		nsfers to and Transac	tions and	d Relationships With No	nchari	able	
				-	anization described in section		Yes	No
			s) or in section 527, relating to	•	ganizations?			
			charitable exempt organizatio					
						1a(1)		X
(2) b Oth	er transactions:					1a(2)		X
(1)		ocharitable exempt o	organization			1b(1)		v
(2)							 	X
(3)								X
(4)					***************************************	1b(4)	*	X
(5)								X
(6)	Performance of services	s or membership or	fundraising solicitations					X
c Sha	aring of facilities, equipme	nt, mailing lists, oth	er assets, or paid employees			1c		X
d If th	ne answer to any of the at	oove is "Yes," comp	lete the following schedule. C	olumn (b) sh	nould always show the fair marke	et value o	f the	
a) Line no.	. (b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Descript	tion of transfers, transactions, and sha	ring arrang	ements	
sec		ction 501(c)(3)) or in	ith, or related to, one or more n section 527?		-	Ye	s X	No
	(a) Name of organizat	ion	(b) Type of organizatio	n	(c) Description of rel	ationship		
0:					lules and statements, and to the best on normation of which preparer has any			nd

Sign 📗	,,,	and the property (office that take a for the	, sassa on an invermenon i	or willon pro	parer mas any knowledge:
Here			EXECUTIVE	DIREC	May the IRS discuss this return with the preparer shown below?
	Signature of officer or trustee	Date	Title		See instructions. X Yes
Paid	Preparer's name	Preparer's signature DAVID HUMPHREY	Date	ı	heck if PTIN
Preparer Use Only	Firm's name H AND P BLOCK			Firm's El	
	Firm's address 900 RANCH RD 620 S			Phone n	no. (800) 472-5625
	000000000				

2024 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C OPEN TO PUBLIC

INSPECTION For calendar year 2024, or tax period beginning

, and ending

Name of Organization			Employer Ident	ification Number	
SILICON VALLEY ARBITRATION AND MEDIATION CENTER, INC 47-1671790					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity	
PAYPAL FEES MARKETING CONSULTANT MARKETING CONSULTANT FEES PUBLIC RELATIONS	1,827 30,000 36,000 460				
Total:	68,287				

2024 FORM 990 SCHEDULE OF TAXES PAID

ATTACHMENT 2: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18
OPEN TO PUBLIC

INSPECTION For calendar year 2024, or tax period beginning , and ending

Name of Organization Employer Identification Number

lame of Organization	NT 70 NATION TO THE TOTAL OF TH	N ODNIMES		tification Number
Category	Amount	Net Investment		
Category AXES & LICENSES		Net Investment Income	C. 47-16717 Adjusted Net Income	Disbursements for Charity

2024 FORM 990 OTHER EXPENSES SCHEDULE

ATTACHMENT 3: PAGE 1 990-PF PAGE 1, PART I, LINE 23 OPEN TO PUBLIC

OPEN TO PUBLIC INSPECTION

For calendar year 2024, or tax period beginning

, and ending . Employer Identification Number

SILICON VALLEY ARBITRATION				
Description of Activity	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charity
BANK CHARGES INSURANCE MARKETING EXPENSE LIST SERVE EXPENSE	Revenue and Expenses 30 1,150 262 306	Income	Adjusted Net Income	Disbursements for Charity
Total:	1,748			

2024 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-PF PAGE 5, PART VI-A,	LINE 14
OPEN TO PUBLIC	
INSPECTION For calendar year 2024, or tax period beginning	, and ending
Name of Organization	Employer Identification Number
SILICON VALLEY ARBITRATION AND MEDIATION	CENTER, INC 47-1671790
Part VI-A - Line 14	
Individual Name <u>G</u>	ARY L BENTON
or -	
Business Name:	
M. M. STATE CO.	
Street Address 5	55 BDVANT OT OTT 524
<u> </u>	JJ BRIANT DI, DIE J24
_	
U.S. Address:	
Zip code 94301 City PALO ALTO	State <u>CA</u>
or	<u>—</u>
Foreign Address	
City	
Province or State	
Country	· · · • · · · · · · · · · · · · · · · ·
Postal code	
rustal code	
Phone Number	<u>(650)308-</u> 9860
	1030/300-9000
Fax Number	

2024 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 1 - 990-PF PAGE 6, PART VII OPENTO PUBLIC

INSPECTION For calendar year 2024,	or tax period beginning	, and e	ending	
Name of Organization		,		fication Number
SILICON VALLEY ARBITRATION				
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
TERESA GARCIA-REYES	PRESIDENT	,		a official villovarious
555 BRYANT ST	5.00			
PALO ALTO, CA 94301				
		:		
CHRIS T COMPTON	VICE			
555 BRYANT ST	CHAIR/DIR			
PALO ALTO, CA 94301	2.00			
TECHED CONTRECTORIN	CITA TINANNI OTI			
LESTER SCHIEFELBEIN 555 BRYANT ST	CHAIRMAN OF BOARD 2.00			
PALO ALTO, CA 94301	BOARD 2.00			
71110 71110, 011 34301				
RAYMOND BENDER	EXCOM/BOARD	, in		
555 BRYANT ST	2.00			
PALO ALTO, CA 94301				
	1			
CARRIE SHANG	EXCOM BOARD			
555 BRYANT ST	2.00			
PALO ALTO, CA 94301	-98			
UCHEORA ONWUAMAEGBU	TREASURER			
555 BRYANT ST	2.00			
PALO ALTO, CA 94301		基337		
STEVEN BAUER	SECRETARY			
555 BRYANT ST	2.00			
PALO ALTO, CA 94301	Will be			
CADY DENEMAN				
GARY BENTON 555 BRYANT ST	EXCOM BOARD			
PALO ALTO, CA 94301	2.00			
7.110 7.1110, 071 74301				
MICHAEL DIAMANT	EXCOM BOARD			
555 BRYANT ST	2.00			
PALO ALTO, CA 94301				
PAUL ERIC MASON	DIRECTOR			
555 BRYANT ST	FENERAL 2.00			
PALO ALTO, CA 94301				
JONATHAN FITCH	CEO 10.00			
555 BRYANT ST	0.00			
PALO ALTO, CA 94301				
	EXCOM BOARD			
555 BRYANT ST	2.00			
PALO ALTO, CA 94301				
DOROTHEE SCHRAMM	KITCE			
555 BRYANT ST	VICE PRESIDENT			
EDA Form Software Convicts 1996 2025 HPR Toy C	EVESTDENT	I		

2024 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 2 - 990-PF PAGE 6, PART VII OPEN TO PUBLIC INSPECTION , and ending For calendar year 2024, or tax period beginning Name of Organization **Employer Identification Number** SILICON VALLEY ARBITRATION AND MEDIATION CENTER, 47-1671790 (C) Compensation (If (A) Name and Address (B) Title and Average (D) Cont. to Employee (E) Expense Account Hrs. per Week not paid, enter 0) Ben. Plans & Def. Comp. & Other Allowances PALO ALTO, CA 94301 2.00 WILLIAM BAKER DIRECTOR 0.00 555 BRYANT ST PALO ALTO, CA 94301 CRENGUTA LEAUA DIRECTOR 0.00 555 BRYANT ST PALO ALTO, CA 94301 INA POPOVA DIRECTOR 0.00 555 BRYANT ST PALO ALTO, CA 94301 CHIANN BAO DIRECTOR 0.00 555 BRYANT ST PALO ALTO, CA 94301 ALEX BLUMROSEN DIRECTOR 0.00 555 BRYANT ST PALO ALTO, CA 94301 DUARTE HENRIQUES DIRECTOR 0.00 555 BRYANT ST PALO ALTO, CA 94301 PATRICIA SHAUGHNESSY DIRECTOR 0.00 555 BRYANT ST PALO ALTO, CA 94301

A0516N

FDA

2024 DETAIL STATEMENTS

SILICON VALLEY ARBITRATION AND 47-1671790

PAGE 1

STATEMENT #1 - OCCUPANCY (990-PF PG 1 LINE 20(A))	
RENT 696 SOFTWARE 52 TELEPHONE 796	
TOTAL CARRIED TO 990-PF PG 1 LINE 20(A)	1,544
STATEMENT #2 - TRAVEL, CONFERENCE, MEETINGS (990-PF PG 1 LINE 21	(A))
PROGRAM COMMITTEE EXPENSE	
WEBHOST DOMAIN	
TRAVEL MILEAGE	
TOTAL CARRIED TO 990-PF PG 1 LINE 21(A)	4,021
STATEMENT #3 - PRINTING AND PUBLICATIONS (990-PF PG 1 LINE 22(A))	I
POSTAGE	
TOTAL CARRIED TO 990-PF PG 1 LINE 22(A)	2,980
STATEMENT #4 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)	
MEMBERSHIP DUES	
TOTAL CARRIED TO EZ1 LINE 1	51,717